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ABSTRACT

Recommendations and guidelines are presented for the educational diagnosis of students entering the Los Rios Community College District. The paper first underscores the need for a diagnostic process to help students assess their potential for academic success, and then recommends: (1) the assessment of past academic and work experience, basic skills, preferred learning styles, and individual interests as part of student diagnosis; (2) the determination of personnel and budgetary needs for such a diagnostic program at the institutional level; (3) the formation of a district task force to coordinate campus diagnostic programs; and (4) the use of counselors and academic advisors in explaining the results of diagnostic tests to the student. The anticipated beneficial effects of the program on student retention, curriculum development, and student academic achievement are then discussed and the current diagnostic practices at American River College, Consumnes River College, and Sacramento City College are examined. Issues of who should be tested and how should the results be used are considered prior to an enumeration of special problems, including the danger of putting students into preconceived categories based on diagnostic scores or of using these scores as admission criteria. The report provides a chart illustrating the components and the procedures of the diagnostic testing program. (JP)

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A SUPPLEMENTARY PAPER TO
THE EDUCATIONAL PROGRAMS REPORT
OF THE LOS RIOS COMMUNITY COLLEGE DISTRICT
MASTER PLAN

STUDENT DIAGNOSIS

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JC 800 331

by

Larry Hendrick
May, 1980

INTRODUCTION AND BACKGROUND

The issue of testing as an educational tool has dominated discussions at all levels of education for the past decade. The evaluation of I.Q. and admissions testing as culturally biased has affected all testing. Many educators, counselors, instructors, and administrators alike have reacted with predictable defensiveness by throwing out all testing except that which was tied directly to the measurement of classroom achievement and even here, tests have come under additional scrutiny and some criticism. Many of the charges were well founded, but the resultant reactions by professionals have succeeded in severely limiting the tools available to students to help them assess their potential for academic success in college.

During this same period of time the character of the average community college student has changed considerably. A wider variety of students, more reflective of the population as a whole, are now seeking education beyond high school. To further complicate the challenges of this variety of students, college counselors have found that high school transcripts, when available, have become less reliable as an indicator of academic achievement. The result is a dilemma represented on the one hand by a growing number of non-traditional students with poorly documented and often weak academic backgrounds and often a negligible understanding of the requirements of college-level work; then on the other hand we have severely limited our own means for determining their level of preparation. The result is a set of agonizing problems: Students enroll in classes for which they are ill-prepared; the "open-door" becomes a "revolving door" for recycling past failures; instructors find themselves confronting large classes of students with a variety of reading levels extending down into the elementary grades; there is very little "hard" data on the preparation level of our students to help us build a curriculum to meet them where they are; instructional modes have not changed rapidly enough to meet new needs; class attrition is high; there is a loss of WSCH revenue when students are mismatched with classes and end up dropping.

The recommendations and discussion that follow are based on the assumption that the District and colleges, consistent with a high quality instructional program, have the responsibility to provide every opportunity for students to succeed.

RECOMMENDATIONS

The Master Plan Project recommends the following:

1. That the District's colleges continue to develop programs which affirm the principle that all students attending a college within the Los Rios Community College District should be given the opportunity and be encouraged to diagnose their individual preparation and opportunity for success in their educational and vocational goals.

2. That the District's colleges each establish a comprehensive diagnostic program to provide information for students regarding their individual -

   a) Past academic and work experience levels,

   b) Basic skill levels,

c) Learning styles and attitudes,

d) Aptitudes and interests.

3. That the administration at each college and at the District formulate and recommend the number of personnel and sources of financial support (including VEA, EOPS and other external sources) needed to initiate and sustain a comprehensive diagnostic program.

4. That student personnel staff and instructional staff from throughout the District form a District Task Force to guide the development of campus diagnostic programs which are consistent across the District in what they diagnose and comprehensive and flexible enough to meet individual campus needs. In addition, that they investigate the alternative of creating a guidance course designed as the primary means through which diagnosis and guidance are conducted.

5. That each campus establish a diagnostic center responsible for all on-campus diagnosis. This center should be established and administered through a cooperative effort of both the instructional and student services areas.

6. That at least one coordinator on each campus be assigned as primary coordinator of all diagnostic activities on the campus and serve as a member of the District Task Force on Student Diagnosis.

7. That the individual counselor continue to function in the role of the primary guidance facilitator responsible for the interpretation of the diagnostic instruments to the student.

8. That faculty members be encouraged to expand their important individual roles of advisement, particularly at the beginning of the semester.

ANTICIPATED OUTCOMES OF A COMPREHENSIVE DIAGNOSTIC PROGRAM

1. Diagnosis As A Tool For Student Success

Comprehensive diagnosis of a student's academic skills, learning styles and habits and aptitudes and interests is a key to successful guidance. Without the help of such diagnosis, most counselors would agree that academic and career guidance is deficient. The establishment of a successful "pre-college" program and the counseling of students into it is almost impossible without comprehensive diagnosis of academic skills. Knowledge of one's individual learning style and study habits has been shown to improve a student's chance for success. Recognition of an individual's aptitudes and interests developed over the many years prior to the decision to enroll in a community college can give a student some direction in the choice of program, courses and ultimate career goals.

2. Diagnosis As A Tool for Program and Curriculum Development and Evaluation

Curriculum development and evaluation will also be more realistic in terms of student need and ability when we can use the aggregate diagnostic data.

It is also a generally held belief that our current curriculum contains both programs and courses which do not meet the needs of our students. Comprehensive diagnostic data will be an extremely valuable aid in verifying or debunking this belief.

3. Diagnosis As a Tool To Increase Student Retention

Several factors can contribute to increased retention of students when a comprehensive diagnostic program is an integral part of the college program. Considerable research has shown that when students can match their skill levels to appropriate courses and delivery modes, they will experience more success and be more inclined to complete units of work. Increased retention means more successful students, more successful instructors and a more successful college.

Since the most likely funding model for colleges will be one based on the number of student hours in class, it follows that a college's income can also be increased through an effective diagnostic program designed to match students with appropriate classes. Table 1 demonstrates the potential income increase accompanying a 1% increase in retention.

CURRENT PRACTICES IN LOS RIOS

In the last few years the three colleges in the District have independently embarked on diagnostic programs of varying magnitudes.

American River College has, for several years, employed an English placement tool designed and administered by the faculty. The tool is used to guide students into the proper level English class and is required before a person may take the first college level English class, English 1A. In addition, the Psychology Department, in cooperation with the counselors, has conducted a program called the Psychology A Program. The Program is designed to help students assess their readiness for college-level work, survey individual future directions, and consider problems of personality development and mental health. The course is taken in conjunction with a basic reading skills class. Some vocational departments employ diagnostic instruments for placement purposes. The Mathematics Department uses a diagnostic tool for student placement in the individualized math program. The Chemistry Department uses a diagnostic tool to guide students into the proper level of Chemistry.

The college looks forward to establishing a Learning Resources Center in the near future. The hope is to incorporate within the Center much, if not all, of the student diagnosis now carried on by separate departments.

Cosumnes River College currently offers diagnosis opportunities for career guidance in their career center. In addition all students entering English 1A must have completed a placement test to determine their skill level and preparation for college-level English. The college has also included comprehensive diagnosis as part of their learning skills program for 50 high-risk students called PREP. This fall the Mathematics Department has started a placement program using diagnostic tools.

Table 1

STUDENT AND WSCH FLUCTUATIONS - SPRING 1979

		WEEK 4		WEEK 11				END OF SEMESTER			
		STUDENTS	WSCH	STUDENTS		WSCH		STUDENTS		WSCH	
	DAY	10,725	133,458	10,088	-6%*	111,673	-17%*	9,744	-9%*	107,394	-20%*
ARC	EVE	11,262	69,733	9,938	-12%	55,724	-20%	9,790	-13%	54,849	-21%
	TOT	21,987	203,191	20,026	-9%	167,397	-18%	19,534	-11%	162,243	-20%
	DAY	3,579	36,667	3,089	-14%	30,231	-18%	3,154	-12%	29,680	-19%
CRC	EVE	2,008	13,130	1,533	-24%	9,745	-26%	1,563	-21%	9,502	-28%
	TOT	5,587	49,797	4,622	-17%	39,976	-20%	4,717	-16%	39,182	-21%
	DAY	8,446	107,862	7,322	-13%	93,850	-13%	8,077	-4%	90,225	-16%
SCC	EVE	5,948	42,015	5,097	-14%	34,117	-19%	5,153	-13%	32,754	-22%
	TOT	14,394	149,877	12,419	-14%	127,967	-15%	13,230	-8%	122,979	-18%
DIST.	TOT	41,968	402,865	37,067	-12%	335,340	-17%	37,481	-11%	324,404	-19%

Notes

1. The retention of 1% more WSCH from the 4th week to the 11th week would equal 4,028 WSCH.
2. 4,028 WSCH is equal to keeping one more student per section in 43% of all the sections offered in the district.
3. Since ADA is figured on an average of the 4th and 11th week 2,014 WSCH would be the significant figure (4028 ÷ 2). 2,014 WSCH is equal to 122 ADA or $134,200 @ $1100 marginal income per ADA from the State.

*% Chg. from 4th week

Sacramento City College has developed a program of student diagnosis through their newly established Assessment Center. The Center is responsible for serving all departments and divisions at the college by providing diagnosis in a variety of areas from aptitude and interest inventories to English placement tools and personality inventories. All diagnosis tools regularly provided to students and their counselors and instructors are administered by the Center. This past fall the college strongly urged all incoming freshmen taking 9 units or more to take the English placement exam. This program at City College is the most comprehensive in the District and has some features which could readily serve as models for development on the other campuses.

THE COMPLEX OF DIAGNOSTIC SERVICES

A complete set of diagnostic services should include the diagnosis of:

1. Past academic experience and performance;
2. Current general learning skills;
3. Learning styles and attitudes;
4. Aptitudes and interests.

These elements have been arranged on Table 2 in a complex from diagnosis to guidance as an illustration of a comprehensive system of diagnosis.

ADDITIONAL ISSUES

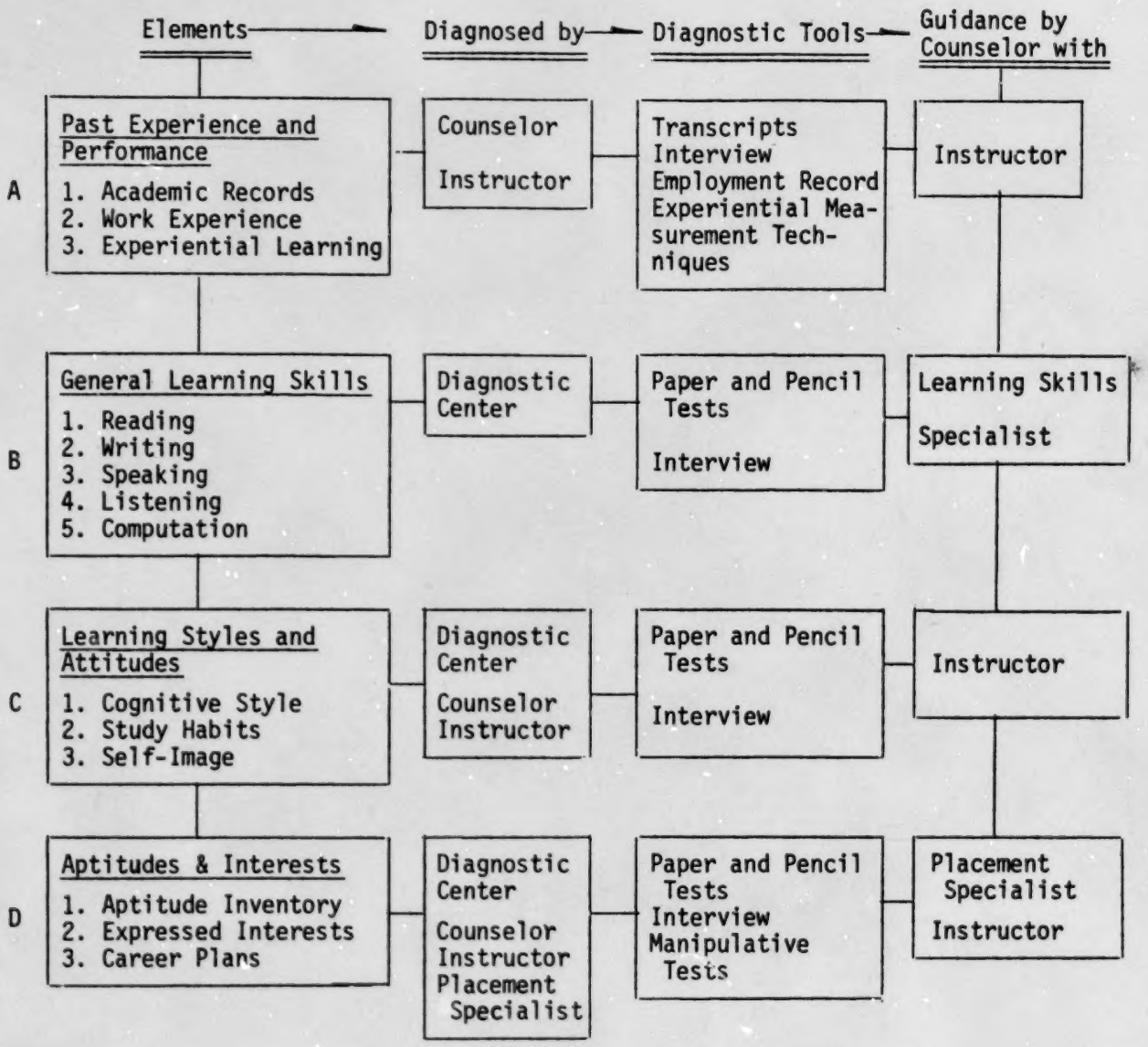
Who Should be Diagnosed? This is a key question. Certainly we do not intend nor can we require diagnosis prior to admission. Admission is guaranteed as long as an individual is a high school graduate or 18 years of age and can profit from instruction offered in the District. Almost everyone who now enrolls can profit in some way from one of the District's programs. Our problem and responsibility is to help them to discover avenues that will result in a successful community college experience. It would not seem inappropriate, therefore, to strongly encourage, if not require, all students to participate in a diagnostic program, particularly if they intend to matriculate with a degree or certificate. Once a level of experience, skill, aptitude and desire has been established, we should through guidance be able to indicate to a student whether or not he or she has the requisite skills for a course.

Use of the Diagnostic Results. We should always remember that the results of any diagnostic instrument belong to the student. The diagnostic results should be used solely in the student's best interest with his or her full knowledge. The danger of putting students into preconceived categories dictated by diagnostic scores is always present and must, in any program, be assiduously avoided. Counselors, instructors, student personnel specialists or anyone else who works with diagnostic scores must be initially trained and continually reminded to regard the person before the score.

The question of whether or not a student should be "allowed" to take a course for which the requisite skills appear to be wanting is not as relevant as it appears

Table 2

DIAGNOSTIC COMPLEX



NOTES:

1. Counselors should operate as the facilitator and expediter for the full Complex.

2. All students intending to matriculate with either an AA or a certificate should be required to complete at least elements A and B of the Complex, and strongly encouraged to participate in C and D.

on the surface. Campus experience with the current limited diagnostic programs seems to indicate that when students understand the general learning skill level of the course and their inadequate level of preparation, very few challenge the suggestion that they engage in additional preparation. Most students want to succeed.

Problems With Diagnosis and Implications for Program Development. There are no doubt problems with diagnosis, some of which have already been noted. Even though these problems exist, they are more than neutralized by the benefits which might be accrued with a positive program designed with students as the primary beneficiaries.

Some additional problems which need to be recognized:

1. Are we prepared to meet the curriculum and program development needs that will be clarified by diagnosis?

2. Should we require diagnosis or strongly encourage it? Require or strongly encourage just general learning skills diagnosis or all the four areas of the complex?

3. Should the student seeking learning enrichment with no current matriculation plans be encouraged to seek diagnosis?

4. There could be a significant cost factor for both personnel and materials; to what degree are we prepared to meet this cost requirement? In our set of priorities what would we be willing to forego to support a diagnostic program?

5. The issue of bias will have to be faced in the selection of the instruments as well as in the guidance offered. How can we train counselors to recognize test bias? What process will be used to select the instruments?

6. Who should be responsible for the program, instruction or counseling?

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